PART B - FEE(S) TRANSMITTAL

Complete are send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through

CURRENT CORRESPONDE 55694	Fee				domestic mailings of the any other accompanying tor formal drawing, mus		
1500 K STREET SUITE 1100	DLE & REATH , N.W. , DC 20005-1209	(DC)	I he Stat add tran	Cer reby certify that th es Postal Service v ressed to the Mail smitted to the USP	tificate of Mailing is Fee(s) Transmitt with sufficient posts I Stop ISSUE FEI TO (571) 273-2885	or Transmal is being age for first address a , on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
			<u> </u>			· ·	(Depositor's name)
				· .			(Signature)
	-						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCK	ET NO.	CONFIRMATION NO.
10/765,847 TLE OF INVENTION:	01/29/2004 THREADING TAP FC	R CUTTING THREAD	Giovanna Malagnino S IN BLIND HOLES AND	METHODS OF IT	000500-376		2360
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FE	F(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$12	···	04/24/2007
EXAMI	NER	· ART UNIT	CLASS-SUBCLASS	l			04/24/2007
GATES, ERIC	ANDREW	3722	408-222000			:	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney on a 2 registered patent attorney or a 3 registered patent attorney or 3 registered patent attorney or 3	e of a single firm (having as a member a torney or agent) and the names of up to patent attorneys or agents. If no name is me will be printed. 2 REATH LLP			
PLEASE NOTE: Unle ecordation as set forth A) NAME OF ASSIG SANDVIK IN	ss an assignee is identi in 37 CFR 3.11. Comp NEE TELLECTUAL PF	fied below, no assignee letion of this form is NO	THE PATENT (print or typ data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY SANDVIKEN,	ntent. If an assigne ssignment. and STATE OR CO SWEDEN	OUNTRY)	٠.	
			Hb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).				
a. Applicant claims	s (from status indicated SMALL ENTITY status	. See 37 CFR 1.27.	☐ b. Applicant is no long	er claiming SMAL	L ENTITY status.	See 37 CFR	Deficie: 1.27(g)(2).
est as shown by the rec	ords of the United State	ired) will not be accepted es Patent aprà Trademark	from anyone other than the Office.	e applicant; a regis	tered attorney or ag	ent; or the	assignee or other party in
uthorized Signature	South (1	nchell		Date _ 3 C	Spril 2	007	
yped or printed name	Scott J.			Reg .94494/29	97 JAD392, 0350	80105 107	765847 1409.00 0P
collection of information confidential confidential confidential completed a	on is required by 37 CF lity is governed by 35 Upplication form to the	R 1.311. The information J.S.C. 122 and 37 CFR 1	n is required to obtain or re 1.14. This collection is esti depending upon the indivi Chief Information Officer COMPLETED FORMS TO	tain a bellefit by it	Spublic which is to	file (and b	y the this process)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.